

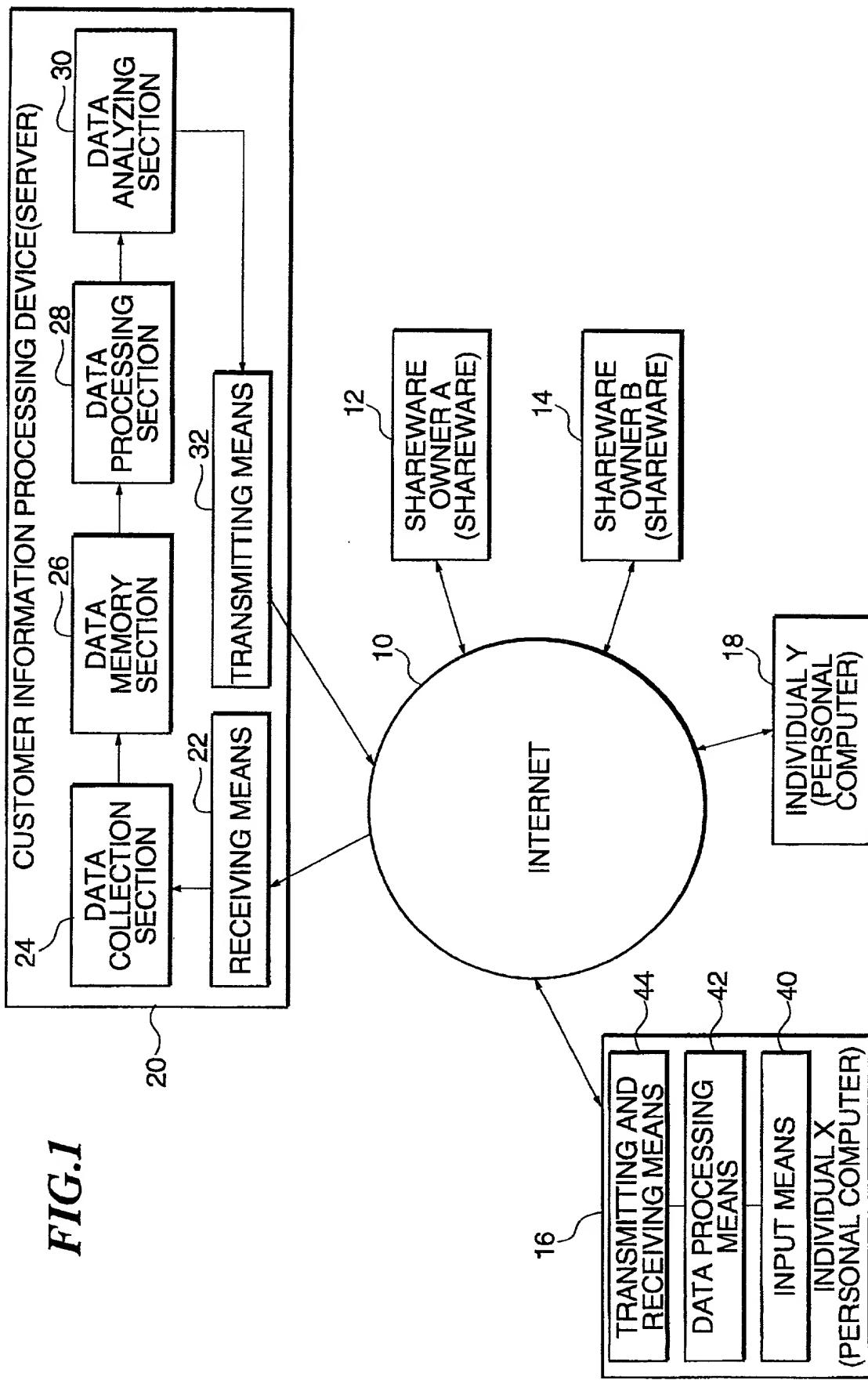
FIG.1

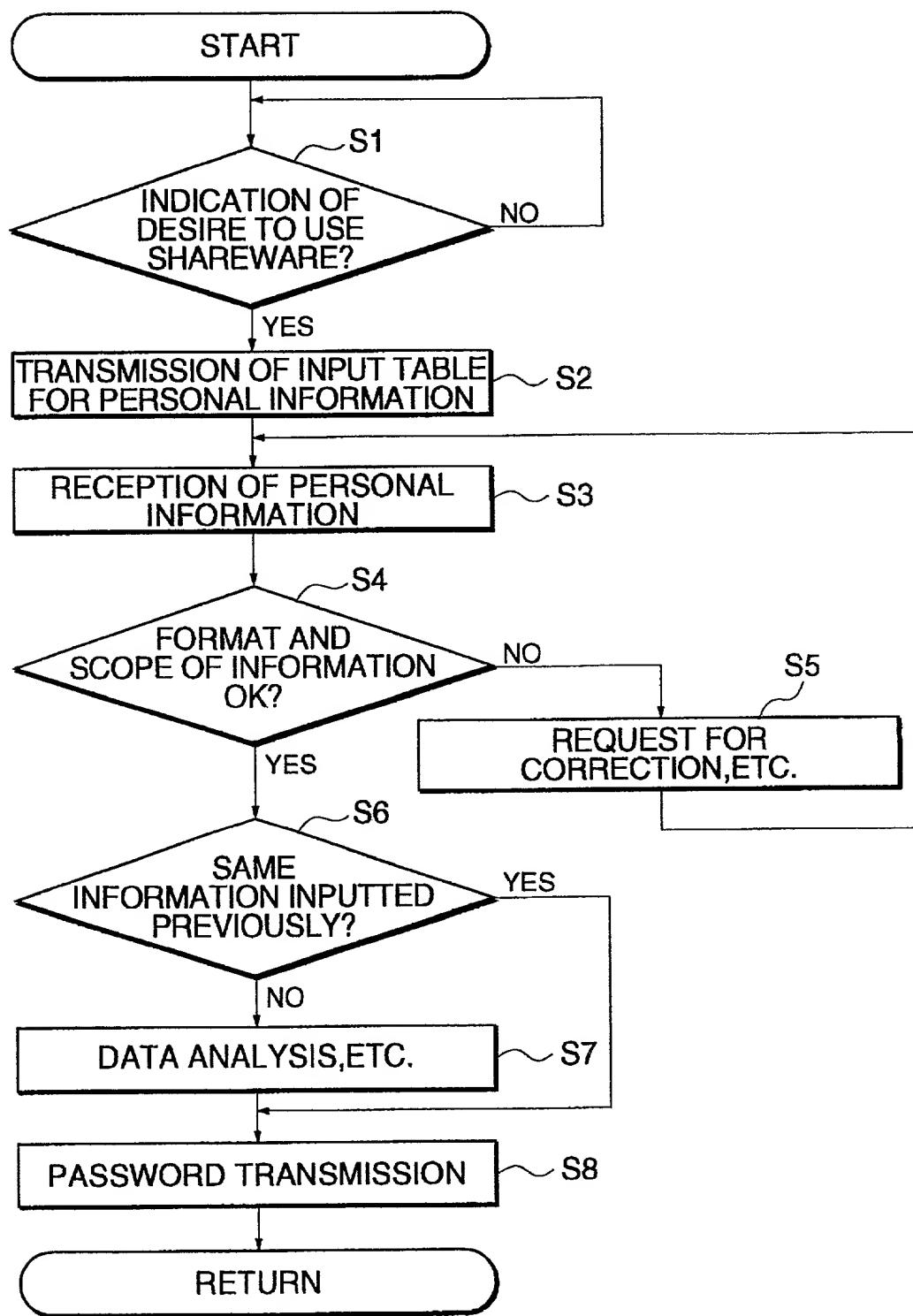
FIG.2

FIG.3

FILL OUT AND SUBMIT THE FORM
BELOW TO RECEIVE PASSWORD

CONTROL NUMBER	*****
NAME	*** **
NAME IN PHONETIC	** * ***
AGE	30 YEARS OLD
GENDER	MALE
ADDRESS	ZIP CODE *-* *
TELEPHONE NUMBER	OΔ□ *-* *
OCCUPATION	*****
E-MAIL ADDRESS	***** @ *****.*****